2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000006794

Entity Name: GOD HOUSE OF DIVINE POWER INC.

FILED Jan 03, 2007 Secretary of State

Current Principal Place of Business:			New Prin	New Principal Place of Business:	
4002 LEE S	-			•	
Current Mailing Address:			New Mail	New Mailing Address:	
4002 LEE S JACKSON	ST VILLE, FL 322	09			
FEI Number:	45-0486517	FEI Number Applied For ()	FEI Number Not App	Dlicable () Certificate of Status Desired ()	
Name and	Address of C	urrent Registered Agent:	Name and	d Address of New Registered Agent:	
4002 LEE S	ATHERINE P. STREET VILLE, FL 322				
The above in the State		submits this statement for the pu	rpose of changing	its registered office or registered agent, or both,	
SIGNATUR	RE:				
Electronic Signature of Registered Agent			t	Date	
OFFICERS	AND DIREC	TORS:	ADDITIO	NS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P () FREEMAN, JAN 2326 MCQUADE JACKSONVILLE	Ξ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DT () FREEMAN, WIL 2326 MCQUADE JACKSONVILLE	Ξ	Title: Name: Address: City-St-Zip:	DT (X) Change () Addition HARRISON, TRUBAN III 1861 ATLANTIC DRIVE RUSKIN, FL 33570	
Title: Name: Address: City-St-Zip:	T () SPIKES, MARVI 1441 MANTORL JACKSONVILLE		Title: Name: Address: City-St-Zip:	T (X) Change () Addition SPIKES, MARVETTE 2081 CHAFFEE ROAD LOT #36 JACKSONVILLE, FL 32221	
Title: Name: Address: City-St-Zip:	T () MCBRIDE, VICH 7500 POWER A JACKSONVILLE	VENUE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () COMER, KATHE 5224 BLAND RI JACKSONVILLE)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	()	Delete	Title: Name: Address: City-St-Zip:	DT () Change (X) Addition COMER, OTIS L JR. 3403 MARLO STREET JACKSONVILLE, FL 32209	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VICKIE MCBRIDE T 01/03/2007